

approach to ZERO *for Tuberculosis*

ADDENDUM

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A challenge to people in the health professions was voiced in the issue of *Public Health Reports* for February 1960 which carried the gist of the recent Arden House Conference on Tuberculosis. The official report of the conference and the summarizing statement presented well-thought-out material, worthy of full and active endorsement. This is a good report—a document which points to the gains to date against tuberculosis and the weaknesses in the present attack. It suggests ways and means toward elimination, if not eradication, of tuberculosis in this country. It properly stresses the public health features of the disease and points to the importance of protecting the community.

The recommendations which grew out of this conference aim at identifying “some of the deficiencies of current tuberculosis control programs.” Hospital treatment is not thought of as a deficiency, hence the lack of emphasis by the conference on this aspect of the attack. The importance of hospitalization, however, appears fully to justify further emphasis at this time and in this connection when attention is being focused on an all-out attack against the disease.

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What is now to be said about this report is not in criticism of it for every comment in it is reasonable and every recommendation a sound one which must be put into effect if we are to rout this disease from our midst. But the one factor in the armamentarium against the disease, as referred to above, received rather incidental mention for the reason given. The official report says “infection can be prevented by eliminating active disease,” but it refers seldom to isolation as an instrument of control. Isolation is at the heart of home treatment which stands high in its recommendations.

Homes of the well-to-do will readily provide satisfactory arrangements for isolation, sanitation, ventilation, medical care, and dietary needs. Patients treated in such homes do well. But this is not true for the average home, where tuberculosis is discovered most often. As shown in the report, tuberculosis is distributed in a spotty way throughout the country. More often than not excessive tuberculosis coexists in homes with low economic, low educational, and, frequently, high emotional levels. Tuberculosis spreads and prospers where there are overcrowding, underfeeding, and the strains and stresses that are a part of poverty. An adequate setup for full use of the tools of both prevention and therapy is seldom

found in the impoverished home. Under these conditions, how many homes could create and sustain adequate treatment? In my State, which still has tinges of tuberculosis and poverty, it appears that not more than 10 percent would qualify.

To hold a patient with active disease in an inadequate home for the weeks and, occasionally, months of treatment required to produce negative status, in a home where bacilli and numerous members of the family have close association, is an open invitation to the breeding of new cases and certainly is to seed infection to an unknown number of contacts. Most physicians hold that it requires more than the tubercle bacillus to produce clinical tuberculosis. None, however, would deny that this micro-organism stands in a sine qua non relationship—that we would have no tuberculosis without the tubercle bacillus. Preventing spread of infection wherever possible is therefore incumbent upon us.

The Arden House Conference came into being through joint sponsorship of the Public Health Service and the National Tuberculosis Association. At its February 1960 meeting the board of directors of the National Tuberculosis Association deliberated on and fully endorsed the recommendations presented by the conference and has included a reference to hospitalization as an acknowledged instrument of tuberculosis control. Action of this body is as follows (1):

The board of directors endorsed the principal recommendation of the Arden House Conference and the 11 subsequent recommendations. Furthermore, the board directed that:

1. The National Tuberculosis Association exert a maximum effort over the next few years to implement the major recommendation of the Arden House Conference in close collaboration with the U.S. Public Health Service.

2. The National Tuberculosis Association work in cooperation with the Public Health Service to achieve the goals suggested by the other 11 recommendations.

3. Constituent and affiliated tuberculosis associations be urged to take leadership in their areas to implement the Arden House Conference recommendations.

4. The National Tuberculosis Association staff be asked to report to the board of directors 1 year from now on the progress made to implement the major recommendation and the other 11 recommendations.

The Arden House Conference confined its recommendations to certain selected deficiencies of current tuberculosis programs requiring special new emphasis. To avoid any possible misinterpretation that hospital treatment is no longer desirable, the board of directors passed the following additional statement:

Initial hospitalization of all persons with communicable tuberculosis is desired. Continuing hospitalization is desired for all tuberculosis patients where home conditions are not adequate or sanitary. Such hospitalization should not be terminated until after negative status has been achieved.

This note is expression of a wish that this otherwise forward-looking challenge might have mentioned hospitalization not inferentially (though favorably) but had advocated it boldly where needed and had done so as if it were a vital part of the "big push ahead." It is proper to assume that hospitalization is used to a greater or lesser extent by most people concerned with treatment of the tuberculous as a satisfactory public health measure against spread of infection even if not primarily for therapy, but mention in the report of its positive value would have contributed an added thrust to this otherwise helpful document. Continued ignoring of such a mode of treatment could possibly destroy the idea of hospitalization altogether which certainly was not implied in the report and surely not desired by members of the conference.

REFERENCE

- (1) Perkins, J. E.: NTA board endorses Arden House recommendations (editorial). Bull. National Tuberc. A. 46: 2, April 1960.